

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ALMAZ	19	6/10
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MTO	454	7/13/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 - ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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2	✓ 10/10/01
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If more than 150 claims or 10 actions  
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7/31/01